

TRANSMITTAL FORM

Attorney Docket No.

CA919990047US1/1796P

In re the application Matthew A. HURAS, et al.

Confirmation No: 7317

Serial No: 09/774,202

Group Art Unit: 2172

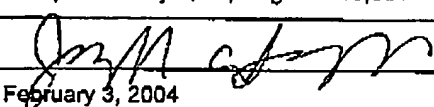
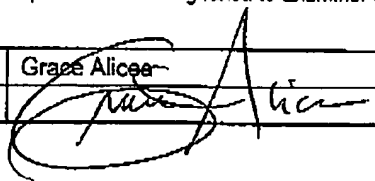
Filed: January 29, 2001

Examiner: Alam, Shahid AI

For: ONLINE DATABASE TABLE REORGANIZATION

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appin	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	59	59	0	\$18.00	\$ 0.00
Independent Claims	9	9	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00
METHOD OF PAYMENT					
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.				
<input checked="" type="checkbox"/>	Charge any fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation)				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	February 3, 2004
CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence is being faxed to Examiner Shahid AI Alam at (703) 746-7238 at the United States Patent Office on February 3, 2004.	
Type or printed name	Grace Alicea
Signature	

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FACSIMILE TRANSMITTAL

Date: February 3, 2004

To: Examiner Shahid Al Alam

Organization: U.S. Patent and Trademark Office

Fax Number: (703) 746-7238

Phone Number: (703) 305-2358

From: Joseph A. Sawyer, Jr.

Re: 09/774,202 - Amendment After Final Response
1796P

This is page 1 of 33 pages.

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